

FILED
DEC 01 2010
CITY CLERK

RESOLUTION NO. 44, 2010

BE IT RESOLVED BY THE COMMON COUNCIL OF THE CITY OF TERRE HAUTE, INDIANA:

WHEREAS, There are insufficient funds in certain accounts of the Controller's Office budget to meet current and anticipated expenditures within said Department, and,

WHEREAS, There are surplus funds in other accounts of the same budget, said Account being within the appropriation heretofore made for the use of said Department.

BE IT THEREFORE RESOLVED: That the following transfers be made in the Account heretofore appropriated for the use of said Department:

FROM: Sr. Financial Analyst	TO: Employer Group Health
#0101-0005-01-412.160 \$ 5,976.40	#0101-0005-01-413.030 \$15,102.00
Telephone	
#0101-0005-03-433.010 \$ 3,125.60	
Overtime	
#0101-0005-01-412.129 \$ 5,000.00	
Office Supplies	
#0101-0005-02-421.010 \$ 1,000.00	
 FROM: Lease Equipment	TO: Employer Dental
#0101-0005-04-444.120 \$ 1,500.00	#0101-0005-01-413.040 \$ 1,500.00
 Total	 \$16,602.00
	\$16,602.00

Introduced by: _____ George Azar, Councilman

Passed in open Council this _____ day of _____, 2010.

Neil Garrison, President

ATTEST: _____ Charles P. Hanley, City Clerk

Presented by me to the Mayor this _____ day of _____, 2010.

Charles P. Hanley, City Clerk

Approved by me, the Mayor, this _____ day of _____, 2010.

_____ Duke A. Bennett, Mayor

ATTEST: _____ Charles P. Hanley, City Clerk

REQUEST FOR TRANSFER OF BUDGETED FUNDS

(For Approval by Mayor, Controller, and City Council)

This form is to be used when the requested transfer is between two major classifications.

DEPARTMENT or FUND: Controller

DATE: 11/23/10

	<u>Account #</u>	<u>Account Name</u>	<u>Amount</u>
FROM:	0101-0005-01-412.160	Sr. Financial Analyst	\$ 5976.40
TO:	0101-0005-01-413.030	Employer Group Health	\$ 5976.40
FROM:	0101-0005-03-433.010	Telephone	\$ 3125.60
TO:	0101-0005-01-413.030	Empl. Group Health	\$ 3125.60
FROM:	0101-0005-01-412.129	Overtime	\$ 5000.00
TO:	0101-0005-01-413.030	Empl. Group Health	\$ 5000.00
FROM:	02-421.010	Office Supplies	\$ 1000.00
TO:	0101-0005-01-413.030	Empl. Group Health	\$ 1000.00

Total Amount to Be Transferred \$ See next page

Department Head Approval: _____ Date: _____
(Forward to Mayor) Signature

Mayoral Approval: _____ Date: 11-24-10
(Forward to Controller) Signature

Controller Approval: _____ Date: 11/23/10
(Forward to the Legal Department) Signature

Received by Legal: _____ Resolution # 44
Date

DEPARTMENT HEAD: Please attach a memorandum briefly detailing the need for this resolution. Such information should include the specific services or products you intend to purchase and the reason you have surplus funds in the specified accounts.

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CITY LEGAL

Revised July 2010

REQUEST FOR TRANSFER OF BUDGETED FUNDS

(For Approval by Mayor, Controller, and City Council)

This form is to be used when the requested transfer is between two major classifications.

DEPARTMENT or FUND: Controller

DATE: 11/23/10

	<u>Account #</u>	<u>Account Name</u>	<u>Amount</u>
FROM:	0101-0005-04-444.120	Lease Equipment	\$ 1500.00
TO:	0101-0005-01-413.040	Employer Dental	\$ 1500.00

FROM: _____ \$ _____

TO: _____ \$ _____

FROM: _____ \$ _____

TO: _____ \$ _____

FROM: _____ \$ _____

TO: _____ \$ _____

Total Amount to Be Transferred \$ 16,602.00

Department Head Approval: _____ Date: _____
(Forward to Mayor) Signature

Mayoral Approval: [Signature] Date: 11-24-10
(Forward to Controller) Signature

Controller Approval: [Signature] Date: 11/23/10
(Forward to the Legal Department)

Received by Legal: _____ Resolution # _____
Date

DEPARTMENT HEAD: Please attach a memorandum briefly detailing the need for this resolution. Such information should include the specific services or products you intend to purchase and the reason you have surplus funds in the specified accounts.

Memo

To: Mayor Bennett
From: Leslie Ellis
CC: Chou-il Lee
Date: 11/23/2010
Re: Controller's Department Transfers

These transfers are needed to adjust the employer portion of the health insurance and dental insurance. The increase is due to additional employees signing up for coverage.

Please contact me if you have any questions or would like additional information.

Sincerely,

Leslie Ellis